## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

09 97642

| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |  |   |                                       |                      |                                |                  | _   | SMALL ENTITY TYPE |                        |    | OTHER THAN<br>OR SMALL ENTITY |                        |
|---|--|---|---------------------------------------|----------------------|--------------------------------|------------------|-----|-------------------|------------------------|----|-------------------------------|------------------------|
| TOTAL CLAIMS  |  |   | 32                                    |                      |                                |                  | Γ   | RATE              | FEE                    |    | RATE                          | FEE                    |
| FOR   |  |   | NUMBER FILED                          |                      | NUMBI                          | ER EXTRA         | Ī   | BASIC FEE         | 370.00                 | OR | BASIC FEE                     | 740.00                 |
| TOTAL CHARGEABLE CLAIMS   |  |   | 3â minus 20= *                        |                      | * 12                           | * 12             |     | X\$ 9=            | _                      | OR | X\$18=                        |                        |
| INDEPENDENT CLAIMS  |  |   | / minus 3 = *                         |                      | * 1-5                          | -11              | Ī   | X42=              |                        | OR | X84=                          |                        |
| MU  | LTIPLE DEPENI  | DENT CLAIM PI                             | RESENT                                |                      |                                |                  |     | +140=             | · · ·                  | OR | +280=                         |                        |
| * If  | the difference   | in column 1 is                            | less than zero, enter "0" in column 2 |                      |                                |                  | L   | TOTAL             |                        | OR | TOTAL                         |                        |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)                         |  |   |                                       |                      |                                |                  |     | SMALL ENTITY      |                        |    | OTHER THAN SMALL ENTITY       |                        |
| AMENDMENT A   |  | CLAIMS REMAINING AFTER AMENDMENT          |                                       | HIGH<br>NUM<br>PREVI | IEST<br>IBER                   | PRESENT<br>EXTRA |     | RATE              | ADDI-<br>TIONAL<br>FEE |    | RATE                          | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus                                 | **                   |                                | =                |     | X\$ 9=            |                        | OR | X\$18=                        |                        |
|   | Independent  | *   | Minus                                 | ***                  | T 01 ***                       |                  |     | X42=              |                        | OR | X84=                          |                        |
| L   | FIRST PRESE  | NTATION OF M                              | ULTIPLE DEP                           | ENDEN                | T CLAIM                        |                  | -   | +140=             |                        | OR | +280=                         |                        |
|   |  |   |                                       |                      |                                |                  |     |                   |                        | OR | TOTAL<br>ADDIT. FEE           |                        |
|   |  | (Column 1)                                |                                       |                      | ADDIT. FEE                     |                  | •   |                   |                        |    |                               |                        |
| AMENDMENT B   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                       | NUN<br>PREVI         | HEST<br>MBER<br>MOUSLY<br>DFOR | PRESENT<br>EXTRA |     | RATE              | ADDI-<br>TIONAL<br>FEE |    | RATE                          | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus                                 | **                   |                                | =                |     | X\$ 9=            |                        | OR | X\$18=                        |                        |
|   | Independent  | *   | Minus                                 | ***                  |                                |                  | 1   | X42=              |                        | OR | X84=                          |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |   |                                       |                      |                                |                  | J ├ | +140=             |                        | OR | +280=                         |                        |
|   |  |   |                                       |                      |                                |                  |     |                   |                        | OR | TOTAL                         |                        |
| ADDIT. FEE  |  |   |                                       |                      |                                |                  |     |                   |                        |    | ADDIT. FEE                    |                        |
|   | and the state of t | (Column 1)<br>CLAIMS                      | [, ] ([, ])                           |                      | ımn 2)<br>HEST                 | (Column 3)       | 1 г |                   | ADDI                   |    |                               | ADDI                   |
| AMENDMENT C   |  | REMAINING<br>AFTER<br>AMENDMENT           |                                       | NUM<br>PREV          | MBER<br>IOUSLY<br>D FOR        | PRESENT<br>EXTRA |     | RATE              | ADDI-<br>TIONAL<br>FEE |    | RATE                          | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus                                 | **                   |                                | =                | ] [ | X\$ 9=            |                        | OR | X\$18=                        |                        |
|   | Independent  | *   | Minus                                 | ***                  | IT OL ALL                      | =                | 4   | X42=              |                        | OR | X84=                          |                        |
| ╠   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |   |                                       |                      |                                |                  |     | +140=             |                        | OR | +280=                         |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |  |   |                                       |                      |                                |                  |     |                   |                        | OR | TOTAL                         |                        |
| "   | ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE ADDIT. FEE  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.  |   |                                       |                      |                                |                  |     |                   |                        |    |                               |                        |